



SUPERANNUATION RETIREMENT APPLICATION

APPLICATION PROCESS:

If you are actively employed or on a leave of absence you may file your application to retire within 120 days before the date you plan to retire. You may also file your application within 60 days after you separate from service and use your separation date as your retirement date. If we receive your application more than 60 days after your last day on the payroll, your effective retirement date will be 15 days from the date we receive your application.

Please note, as your eligibility to receive any actual retirement benefit and the amount of a benefit will be finally determined as your application is reviewed, we encourage you to contact our office several months before your retirement date so we may review with you information including, but not limited to, the following:

- Your membership status;
- The amount of creditable service you have accrued;
- What amounts paid to you qualify as "regular compensation" to be included in your benefit calculation;
- Your group classification;
- Whether any salary increases are within statutory (anti-spiking) limits.

You should contact the State Retirement Board if:

1. In the five years of creditable service immediately preceding retirement your annual rate of salary doubled between any two consecutive years; or,
2. In determining the 3-year or 5-year salary average your regular compensation in any year exceeds the average of the regular compensation of the previous two years by more than 10%.

Also, any requests to withdraw your application, change your retirement date, or change your benefit option must be made in writing and received by the State Retirement Board prior to the effective date of retirement listed on your original application.

The State Retirement Board strongly recommends that you **file your retirement application at least 30 to 60 days in advance** of leaving your position. **Once your effective date of retirement has passed you may not change your retirement option nor may you change your date of retirement.**

Additional information on the retirement process is available on our website, www.mass.gov/retirement.

THE RETIREMENT DECISION IS FINAL:

You cannot make any changes to your retirement once your retirement date has passed. Choose your retirement option and date carefully. You can withdraw your application up to 5:00 p.m. on the date of your chosen retirement date (must be a business day, Monday - Friday).

YOUR FIRST PAYMENT:

Regular monthly benefit payments may only be issued on the last business day of each month. In many cases first payments are generally received approximately 120 days after your retirement date and are retroactive to your retirement date.

Please see page 2 for further information and Application Process Checklist.



THE COMMONWEALTH OF MASSACHUSETTS

State Retirement Board

One Winter Street, 8th Floor, Boston, MA 02108

COUNSELING:

If you are interested in individual counseling, please contact one of our offices:

Boston

One Winter Street, 8th Floor, Boston, MA 02108
Phone: 617-367-7770 or
1-800-392-6014 (Mass only)

Springfield

436 Dwight Street, Room 109A,
Springfield, MA 01103
Phone: 413-730-6135

IMPORTANT INFORMATION:

- **Group Classification** - You must submit a separate *Application for Group Classification* to be classified in Group 2 or 4, or to be classified for a correctional officer "20/50" retirement benefit under G.L. c.32, section 28M or 28N. If you are requesting to pro-rate your creditable service, you must submit a separate classification form for each position you are seeking to classify. For more information, please refer to the State Retirement Board's *Group Classification Policy*.

APPLICATION PROCESS CHECKLIST



When filing to retire, please include the following documents:

- Fully completed Superannuation Retirement Application** (pages 5-6)
- Completed Retirement Option Selection Form** (pages 7-8)
- IRS W-4P Federal Tax Withholding Form** (pages 9-12) indicating withholding amount for federal income purposes
- Working in Retirement (§91) Acknowledgement** (page 14)
- Authorization for Direct Deposit of Retirement Benefit** (pages 15-16)
Direct Deposit is mandatory for all retirees.
- Authorization for Filing Information Electronically** (page 17)
- Proof of Birth Required** a copy of your birth certificate or currently valid passport is acceptable.
- Copy of Veterans' Discharge Papers** (DD-214), if applicable
- If you are selecting Option C, please include a **copy of your beneficiary's birth certificate, and a copy of the marriage license** if the beneficiary is your spouse. If the beneficiary is a former spouse, the spouse must be unmarried as of the date of retirement.
- Signature is required on each of the following pages:** Page 5 (Retirement Application), Page 7 (Option Selection Form), Page 9 (W-4P Federal Tax Withholding Form), Page 14 (Working in Retirement (§91) Acknowledgement), Pages 15-16 (Authorization for Direct Deposit of Retirement Benefit), and Page 17 (Authorization for Filing Information Electronically). Applications with missing signatures cannot be processed. A **witness signature is required** on Page 7 (Option Selection Form) in addition to your signature. Look for the "X" throughout the application package.

MAIL COMPLETED APPLICATION TO EITHER OF OUR OFFICES:

Massachusetts State Retirement Board
One Winter Street, 8th Floor
Boston, MA 02108

Massachusetts State Retirement Board
436 Dwight Street, Room 109A
Springfield, MA 01103

Please read the instructions on pages 3 & 4.

Form Last Revised: December 12, 2025

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

A NOTE ABOUT VESTING & ELIGIBILITY:

Being vested means you are eligible to receive a retirement benefit. You are vested in the State system if you have at least ten years of full-time service. To be eligible to retire, you need to meet one of the following conditions:

- Your retirement system membership began **prior to April 2, 2012** and you have 20 years of full-time creditable service at any age, or
- Your retirement system membership began **prior to April 2, 2012** and you attain the age of 55 with ten years of creditable service, or
- Your retirement system membership began **on or after April 2, 2012** and you attain the age of 60 if retiring from Group 1, with ten years of creditable service.

If you leave state service after you are vested, you may leave your retirement contributions in the system and receive a retirement benefit once you meet the minimum age requirement.

THE RETIREMENT APPLICATION, pages 5-6:

Make sure you complete all sections of the application. Signature is required at the bottom of page 5.

- **Section 1** - Don't forget to write down your requested retirement date! **Section 2** - Let us know how to contact you. Please provide a personal email address that you will have access to after your retirement.
- **Section 3** - Leave blank if you are not married.
- **Section 4** - **Don't forget to sign.** Applications missing all required signatures will not be processed.
- **Section 5** - List all the jobs you have had for a city, town, county, or state **in Massachusetts**.
- **Section 6** - Answer questions a-e by checking appropriate boxes.

THE RETIREMENT OPTION SELECTION FORM, pages 7-8:

Please choose only one option. If this form is not submitted, the Board will automatically retire you under Option B.

- **Section 1 - Option Selection.** Check only one box: A, B, or C. If you choose Option C, complete the beneficiary information in the space provided on page 7. You can only choose one option C beneficiary and that person can only be your spouse, an unmarried former spouse, a child, a sibling, or a parent. You cannot change your option C beneficiary after retirement.
- **Section 2 - Member Signature.** The Option Selection Form will not be processed without your signature. Enter your option selection and sign in the space provided.
- **Section 3 - Witness Signature.** The Option Selection Form will not be processed without a witness signature. If you are married, your witness must be your spouse. If you are not married, your witness cannot be someone listed on your form as a beneficiary.
- **Section 4 - Option B Beneficiary Information.** This space on page 8 is provided for members who select Option B. *Skip this section if you have selected Option A or Option C.*

THE IRS W-4P FORM (WITHHOLDING CERTIFICATE FOR PERIODIC PENSION OR ANNUITY PAYMENTS), pages 9-12:

If this form is not completed and submitted, the federal income tax withholding will be calculated as if your filing status is single with no adjustments in steps 2 through 4 on page 9. **Your signature is required on the W-4P Tax Form.**

WORKING IN RETIREMENT (§91) ACKNOWLEDGEMENT, page 14:

This form acknowledges your understanding of the rules of working in retirement and the limits of §91. **Your signature is required on the Working in Retirement (§91) Acknowledgement.**

THE AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT FORM, pages 15-16:

Direct deposit is mandatory. Please provide us with your bank information. Failure to provide us with this information will delay the processing of your application. **Make sure you sign the Direct Deposit form.**

AUTHORIZATION FOR FILING INFORMATION ELECTRONICALLY, page 17:

This form is used to authorize retirees of the Massachusetts State Employees' Retirement System (MSERS) to submit or change account information electronically (by email; facsimile). **Make sure you sign the Authorization for Filing Information Electronically form.**

IMPORTANT NOTICE REGARDING TERMINATION RETIREMENT APPLICATIONS:

A termination retirement allowance, under section 10(2)(a) of chapter 32 of the General Laws of Massachusetts, is only available to a member of the State Employees' Retirement System whose membership began before April 2, 2012 with twenty or more years of eligible service, whose office or position is abolished, or who is removed or discharged from his or her office or position without moral turpitude.

Under section 10(2)(a) of chapter 32, any member who is removed or discharged for violation of laws, rules, or regulations applicable to his or her office or position, or any member whose removal or discharge was brought about by collusion or conspiracy, is not entitled to a section 10(2) termination allowance.

Section 10(2)(a) requires that the employer of any employee applying for a termination retirement allowance certify in writing, under the pains and penalties of perjury, that one of the following circumstances applies: (1) that the employee has failed of reappointment, (2) that the employee's office or position has been abolished, or (3) that the employee has been removed or discharged from his or her position without moral turpitude on his or her part. Retirement Board decisions on requests for termination retirement allowances are subject to review by the Public Employee Retirement Administration Commission ("PERAC").

Additionally, under section 9B of chapter 93 of the General Laws of Massachusetts, any member who files a fraudulent application for a section 10(2)(a) termination retirement allowance, for example, an application brought about by collusion or conspiracy, may be liable for a penalty of two thousand dollars, as well as double the amount of any section 10(2)a termination allowances received.

If you are applying for retirement under the provisions of M.G.L. chapter 32, section 10(2)(a), by reason of resignation, failure of re-appointment, removal, or discharge, please attach a **Termination Retirement Allowance Employer Certification Form** with this application.

IMPORTANT REMINDERS FOR RETIREES:

WHAT TO DO WHEN AN MSERS RETIREE OR OPTION C BENEFICIARY PASSES AWAY:

It's important to report the death of a retiree, or that of a beneficiary selected under Option C, as soon as possible to the Massachusetts State Retirement Board (MSRB). Please furnish us with the following required information:

- Copy of the decedent's Death Certificate
- The full name of the Benefit Recipient or Active Member
- Social Security Number or MSRB ID Number (if known)
- Date of Death
- A Contact's Name, Mailing Address and Phone Number
- Any questions or comments

SUBMIT THE COPY OF THE DEATH CERTIFICATE AND REQUIRED INFORMATION TO THE MSRB:

1. Mail it to our office: MA State Retirement Board, One Winter Street, 8th Floor, Boston, MA 02108, or
2. You may also call the MSRB to report a death: (617) 367-7770. When you call, please be prepared to provide the information listed above.

Upon receipt of the Death Certificate and all relevant information, the instructions that the decedent made when they chose a retirement option will be carried out.

Please note: if you have a health, dental or life insurance question, you must contact the Group Insurance Commission (GIC) as they administer those benefits. Their number is (617) 727-2310 ext. 2.

COST OF LIVING ADJUSTMENTS (COLA):

You may be eligible for a COLA beginning on July 1st of the second fiscal year following the year in which your retirement benefit first took effect, and each year after that, if a COLA is approved annually by the Legislature. For example, if you retired March 31, 2022, you would be first eligible for a COLA on July 1, 2023; if you retired November 1, 2022, you would first be eligible for a COLA on July 1, 2024.



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
 One Winter Street, 8th Floor, Boston, MA 02108

**SUPERANNUATION
 RETIREMENT APPLICATION**
*Please complete all required sections.
 Incomplete applications will delay processing.*

1. MEMBER INFORMATION (required)

I respectfully request superannuation under the provisions of Section 1 to 28 inclusive of Massachusetts General Laws Chapter 32.

Name:

SS#:

I wish to retire on: (MM/DD/YYYY) with years and months of service

All Former Names:

Date of Birth: (Proof of Birth Required) Are You a Veteran? No Yes (include copy of DD-214)

Marital Status: Single Married Divorced Widowed Gender: M F

If divorced, are you a party to a Domestic Relations Order? No Yes¹ Don't Know²

¹If Yes, please include a copy of the Domestic Relations Order; ²If Don't Know, please include a copy of the Divorce Absolute & Separation Agreement.

Current or Last Place of State Employment:

Position/Title:

Retirement Group* (If Known): 1 2 3 (State Police only) 4

*Note: You must submit a separate Application for Group Classification for each Group 2, or Group 4 classification request.

2. CONTACT INFORMATION (required)

Personal Email Address:

Present Street Address:

City: State: Zip:

Home Telephone: Work Telephone:

Street Address after Retirement (If Different):

City: State: Zip: Effective Date:

If residing outside the United States after retirement, what is your country of citizenship?

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name:

Spouse's Street Address (If Different):

City: State: Zip:

4. MEMBER SIGNATURE (required - application will NOT be processed without signature)

- All statements on this application are true statements made under the penalties of perjury.
- I understand that no changes can be made to my retirement or to my option selection after my retirement date.
- I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Retirement Option Selection Form on page 7, I will be automatically retired under OPTION B.
- I understand that any benefit payments issued covering periods after my date of death must be re-paid to the State Retirement Board by the appropriate party or by my estate as applicable, and may be recouped from the account I designate for direct deposit.

Sign Here: **X** Original Signature Required

Member Signature

Date

5. LIST ALL SERVICE WITH STATE, CITY OR COUNTY GOVERNMENT (required*)

| Department or Subdivision: | Start Date: | Date Service Ended: |
|----------------------------|-------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

*use additional sheet if necessary

6. MEMBER QUESTIONNAIRE (required)

a. Are you applying for a termination retirement under Section 10(2)(a) of Chapter 32? No Yes
 If YES, please attach a Termination Retirement Allowance Employer Certification Form with this application.
 See additional information on termination retirement in the instructions on page 4.

b. Have you ever been convicted of an offense involving the funds or property of your place of employment? No Yes

c. Have you ever been convicted of an offense involving your position while in state service? No Yes

If yes to either of the above, please describe the offense(s):

d. Have you ever taken a refund? No Yes If YES, do you wish to buy back time? No Yes

Have you completed a buyback? No Yes

Do you have a buyback in progress? No Yes

e. Have you ever been on an industrial accident leave? No Yes If yes, what years? _____

f. Were you ever a party to an arbitration award or settlement agreement with your employer? No Yes

g. Have you been actively deployed and/or received Military Orders during your State service? No Yes



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board

One Winter Street, 8th Floor, Boston, MA 02108

**RETIREMENT OPTION
SELECTION FORM**

MEMBER NAME:

SS#:

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and then **CHECK BOX A, B, OR C.**

A

Option A - NO SURVIVOR RETIREMENT BENEFITS

I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32. If choosing A, **please complete sections 2 and 3 on this page. Do not complete section 4.**

B

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32. If choosing B, **please complete sections 2, 3, and 4 (beneficiary information on following page).**

C

Option C - JOINT SURVIVOR ALLOWANCE

I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32. If choosing C, **please complete beneficiary information below and sections 2 and 3. Do not complete section 4.**

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):

Please do not complete this section if selecting Option B. **A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license** is required if Option C is selected and must be included with this application.

Option C Beneficiary:

SS#:

(Please print)

Gender: M F

Date of Birth:

Relationship to Member:

Street Address:

City:

State:

Zip:

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option _____ selected above.
(enter option selection: A, B, or C)

Member Signature:  *Original Signature Required*

Date:

3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature:  *Original Signature Required*

Date:

Print Name:

Street Address:

City:

State:

Zip:

Personal Email Address:

Telephone:

Please complete section 4 on following page only if selecting Option B.

► Complete this section ONLY if selecting Option B:

4. BENEFICIARY(IES) INFORMATION (required if Option B is selected, PLEASE PRINT)

| | | | | | |
|------|-------------------|------------|---|---|--------------------------------|
| i. | Name: | | Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent | Proportion:* (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent) | Beneficiary Social Security #: |
| | Street: | | | | Relationship: |
| | City, State, ZIP: | | | | Date of Birth: |
| | Email: | Telephone: | | | |
| ii. | Name: | | Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent | Proportion:* (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent) | Beneficiary Social Security #: |
| | Street: | | | | Relationship: |
| | City, State, ZIP: | | | | Date of Birth: |
| | Email: | Telephone: | | | |
| iii. | Name: | | Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent | Proportion:* (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent) | Beneficiary Social Security #: |
| | Street: | | | | Relationship: |
| | City, State, ZIP: | | | | Date of Birth: |
| | Email: | Telephone: | | | |
| iv. | Name: | | Designation: (Must check 1 box) <input type="checkbox"/> Primary, OR <input type="checkbox"/> Contingent | Proportion:* (Must check 1 box) <input type="checkbox"/> All, OR <input type="checkbox"/> _____ % (percent) | Beneficiary Social Security #: |
| | Street: | | | | Relationship: |
| | City, State, ZIP: | | | | Date of Birth: |
| | Email: | Telephone: | | | |

* The totals of all proportions for your primary and contingent beneficiary(ies) must equal 100% each.

OPTION PROVISIONS

Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. I understand my estate will receive only a prorated amount of my monthly allowance for the number of days I live in the month of my death. **There are no survivor benefits.**

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board. I understand that the annuity portion of my allowance is reduced each month. **If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.**

Option C - JOINT SURVIVOR ALLOWANCE

As provided in Section 12, subsection 2 of Chapter 32, **by selecting this option, I will receive a reduced retirement allowance for life.** I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. An eligible beneficiary may be a spouse, unmarried former spouse (at date of retirement), child, father, mother, brother, or sister. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board.

| | | | |
|---|--|-----------|----------------------------|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |
| | Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information. | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

| | | | | |
|--|--|------|----|--|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | | |
| | (a) Multiply the number of qualifying children under age 17 by \$2,200 | 3(a) | \$ | |
| | (b) Multiply the number of other dependents by \$500 | 3(b) | \$ | |
| | (c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here | 3(c) | \$ | |
| | Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here | 3 | \$ | |
| Step 4: Other Adjustments | (a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . | 4(a) | \$ | |
| | (b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . | 4(b) | \$ | |
| | (c) Extra withholding. Enter any additional tax you want withheld from each payment . . . | 4(c) | \$ | |

| | | |
|--|--|-------------|
| No withholding | I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld</i> on page 2 <input type="checkbox"/> | |
| Step 5: Sign Here | Your signature (This form is not valid unless you sign it.) | Date |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then he will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). He will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Social security number and other requirements for credits and deductions. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions (continued)

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative.

For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for

that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 17, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Step 4(b) – Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

| | | |
|--------|---|-------------|
| 1 | Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest. | |
| a | Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 | 1a \$ _____ |
| b | Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation | 1b \$ _____ |
| c | Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 | 1c \$ _____ |
| 2 | Add lines 1a, 1b, and 1c. Enter the result here | 2 \$ _____ |
| 3 | Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly): | |
| a | Enter \$6,000 if you are age 65 or older before the end of the year | 3a \$ _____ |
| b | Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment | 3b \$ _____ |
| 4 | Add lines 3a and 3b. Enter the result here | 4 \$ _____ |
| 5 | Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information | 5 \$ _____ |
| 6 | Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying: | |
| a | Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income | 6a \$ _____ |
| b | State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) | 6b \$ _____ |
| c | Home mortgage interest. If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) | 6c \$ _____ |
| d | Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income | 6d \$ _____ |
| e | Other itemized deductions. Enter the amount for other itemized deductions | 6e \$ _____ |
| 7 | Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here | 7 \$ _____ |
| 8 | Limitation on itemized deductions. | |
| a | Enter your total income | 8a \$ _____ |
| b | Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 | 8b \$ _____ |
| 9 | Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse • \$640,600 if you’re single or head of household • \$384,350 if you’re married filing separately } | 9 \$ _____ |
| 10 | If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here | 10 \$ _____ |
| 11 | Standard deduction. | |
| Enter: | { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse • \$24,150 if you’re head of household • \$16,100 if you’re single or married filing separately } | 11 \$ _____ |
| 12 | Additional standard deduction. If you (or your spouse) are 65 or older. | |
| Enter: | { • \$2,050 if you’re single or head of household • \$1,650 if you’re married filing separately • \$1,650 if you’re a qualifying surviving spouse or you’re married filing jointly and one of you is under age 65 • \$3,300 if you’re married filing jointly and both of you are age 65 or older } | 12 \$ _____ |
| 13 | Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) | 13 \$ _____ |
| 14 | Add lines 12 and 13. Enter the result here | 14 \$ _____ |
| 15 | Add lines 11 and 14. Enter the result here | 15 \$ _____ |
| 16 | If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14 | 16 \$ _____ |
| 17 | Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P | 17 \$ _____ |



THE COMMONWEALTH OF MASSACHUSETTS

State Retirement Board

One Winter Street, 8th Floor, Boston, MA 02108

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MEMBER NAME: _____

SS#: _____

As you transition into retirement, the State Retirement Board wants to be sure you are aware of the various annual earnings limitations if you choose to work in the Massachusetts public sector while receiving your monthly retirement payment. These limitations apply to any public employment, regardless of whether or not it occurs in the same governmental unit or employer from which you retired.

MSERS members who are retired under the various types of superannuation retirement may not earn in a calendar year any amount greater than the difference between the salary currently being paid for the position from which they retired and their pension. Then, after you are retired for one full calendar year (January-December), that dollar amount limit may be increased by an additional \$15,000. Additionally, you also have an annual hourly limit and may not work beyond 1,200 hours in a calendar year.

For example, if the salary for your former position is \$40,000 annually, and your pension is \$20,000 per year, and you have been retired for more than one full calendar year, you may earn up to \$35,000 per calendar year or work up to 1,200 hours, whichever comes first. ($\$40,000 - \$20,000 = \$20,000 + \$15,000 = \$35,000$). Any excess earnings received must be returned.

IMPORTANT NOTE: Your employment must cease when either limitation is reached, or you may waive the receipt of your retirement allowance. A retiree may not waive the receipt of a retirement allowance to avoid the application of the annual earnings limits. For more information related to the waiver of retirement benefits please contact the State Retirement Board.

In addition to complying with the above limitations, all disability retirees, including those receiving either an accidental or ordinary disability benefit, are required by law (M.G.L. c. 32, §91A) to submit an annual statement of any earnings to the Public Employee Retirement Administration Commission ("PERAC").

For more information related to earnings limits for public retirees working in retirement, please visit PERAC's website: <https://www.mass.gov/guides/working-receiving-a-public-retirement-benefit>.

I (print name), _____ have read the above **Working in Retirement (§91) Acknowledgement** and understand the earnings limitations which would apply if I choose to work in a Massachusetts public sector position while receiving my monthly retirement payment.

X *Original Signature Required*

MSERS Member Signature*

Date

***A computer generated or other non-original signature is not acceptable.**



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
 One Winter Street, 8th Floor, Boston, MA 02108

**AUTHORIZATION FOR DIRECT
 DEPOSIT OF RETIREMENT BENEFIT**

1. BENEFIT RECIPIENT (required)

| | | |
|---|----------------|-----------------------|
| Name: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Telephone: | Email Address: | |
| (Last four digits of Social Security number ONLY) XXX-XX- | | MSRB ID # (if known): |

2. ACCOUNT INFORMATION (required)

| | |
|--|--|
| Name of Financial Institution: | |
| All Names on Account: | |
| Routing #: | |
| Depositor Account #: | |
| Indicate account type (check one) | ATTACH this required documentation |
| <input type="checkbox"/> Checking | An original VOIDED check that is imprinted with your name, address, bank name and routing number, and account number. Temporary or starter checks will not be accepted. If you do not have checks personalized with your name and address, you must attach your bank's signed, official account verification document. |
| <input type="checkbox"/> Savings | Your bank's signed, official account verification document indicating your name, address, bank name and routing number, and account number. A deposit slip will not be accepted. |
| Indicate account ownership (check one) | |
| <input type="checkbox"/> Individual: | |
| <input type="checkbox"/> Joint: (ALL additional joint account holders (other than the Benefit Recipient) MUST complete and sign Part 4 on Page 14.) | |
| <input type="checkbox"/> I am the benefit recipient's Power of Attorney (POA), Guardian, or Conservator. (You MUST also complete Parts 3 and 5.) | |
| <input type="checkbox"/> Trust: ATTACH a Certification of Trust that names the benefit recipient as a trustee or a beneficiary of the trust, and check this box. | |

3. PLEASE SIGN BELOW (required)

"I, _____ hereby authorize the State Treasurer to deposit my retirement benefit into my account at the financial institution named above. The State Treasurer is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account, and to obtain any nonpublic personal information related to me on record with above financial institution. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the Treasurer and Receiver General, One Winter Street, 8th Floor, Boston, MA 02108, or by the State Treasurer.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

*Original Signature Required**

Signature - DO NOT PRINT YOUR NAME

Date

***A computer generated or other non-original signature is NOT acceptable.**

PLEASE COMPLETE PART 4 AND 5 BELOW (if applicable)

4. JOINT ACCOUNT HOLDERS' INFORMATION AND CERTIFICATION (if applicable)

If your payment is being deposited to a JOINT account, Part 4 must be completed and signed by ALL other account holders. If there are more than two other account holders, attach additional copies of Part 4.

By signing below, and as a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, to the Massachusetts State Employees' Retirement System (MSERS), which has the legal obligation to recover any overpayment, for the repayment of any monies deposited to this account to which the benefit recipient named on page 13 is not legally entitled. If I am entitled to any benefit from the MSERS as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the MSERS with my home address. I release the MSERS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

Joint account holder

| | |
|---|---|
| Your signature: <i>Original Signature Required*</i> | Date: |
| Name: | (Last four digits of Social Security number ONLY) XXX-XX- |
| Street Address: | Telephone: |
| City/State/Zip: | Email Address: |

Joint account holder

| | |
|---|---|
| Your signature: <i>Original Signature Required*</i> | Date: |
| Name: | (Last four digits of Social Security number ONLY) XXX-XX- |
| Street Address: | Telephone: |
| City/State/Zip: | Email Address: |

5. POWER OF ATTORNEY (POA), GUARDIAN OR CONSERVATOR INFORMATION (if applicable)

If you have Power of Attorney, or are Guardian or Conservator of the benefit recipient named in Part 1 on page 13 of this form, and have completed this form on his or her behalf, please complete Part 3 and this section.

My current Power of Attorney, Guardianship or Conservator documentation is (check one):

On file with the MSERS Attached to this form

| | |
|-----------------|---|
| Name: | (Last four digits of Social Security number ONLY) XXX-XX- |
| Street Address: | Telephone: |
| City/State/Zip: | Email Address: |

*If including a voided check, please attach. Do not staple.



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

**AUTHORIZATION FOR FILING
INFORMATION ELECTRONICALLY**

The MSRB requires this authorization for retirees of the Massachusetts State Employees' Retirement System (MSERS) who wish to submit or change account information electronically (by email; facsimile).

MEMBER INFORMATION (required)

| | | |
|------------------|------------|------|
| Legal Name: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Personal Email: | Telephone: | |
| SS# or MSRB ID#: | | |

PLEASE CHECK THE BOX NEXT TO THE INFORMATION YOU WILL FILE ELECTRONICALLY (required)

Change of Address

PLEASE SIGN BELOW (required)

I am authorized to sign the document as a member of the MSERS or on behalf of the member. Under penalties of perjury, I declare that I have examined this document including any accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Name

Date

X *Original Signature Required*

Signature*

***A computer generated or other non-original signature is not acceptable.**

THIS SECTION BOARD USE ONLY